

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Family Planning Clinics
Managed Care Plans
TAKE CHARGE Providers

Memorandum No: 05-44 MAA
Issued: June 29, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
(800) 562-6188

**Subject: Family Planning Services, Family Planning Only Program and TAKE
CHARGE: Fee Schedule and Program Changes**

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2005 relative value units (RVUs);
- The Updated Medicare Clinical Laboratory Fee Schedule (MCLSDB);
- Clarification of Billing Policy;
- Additions of Services; and
- A one (1.0) percent vendor rate increase.

Maximum Allowable Fees

MAA is updating the Family Planning Services, Family Planning Only and Take Charge Program fee schedules with Year 2005 RVUs and clinical laboratory fees. The 2005 Washington State Legislature appropriated a vendor rate increase of one (1.0) percent for the 2006 state fiscal year. The maximum allowable fees have been adjusted to reflect these changes.

New Services

New Products:

MAA has approved the following products for reimbursement using the existing HCPCS as indicated in the following table:

HCPCS	Brief Description	Product Name
A4261	Cervical cap for contraceptive use	Fem Cap, Lea Shield
A4269	Contraceptive supply, spermicide (e.g. foam, gel), each	Contraceptive sponge

Bone Scans:

Clients using Depo-Provera (medroxyprogesterone acetate) may be referred for bone scans. The following procedure codes have been added to the list of procedures covered for clients of the Family Planning, Family Planning Only and Take Charge programs:

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee
76075	DEXA, axial skeleton study	See fee schedule in MAA's <i>Physician-Related Services Billing Instructions</i>
76076	DEXA, peripheral study	See fee schedule in MAA's <i>Physician-Related Services Billing Instructions</i>

Natural Family Planning

The following code with a family planning modifier (FP) has been added to the Family Planning, Family Planning Only and Take Charge programs. This code combination must be used when billing for natural family planning education and counseling.

MAA **limits** natural family planning intervention to 4 units (one hour) of natural family planning intervention per client, per calendar year.

Procedure Code/Modifier	Brief Description	7/1/05 Maximum Allowable Fee
99401 - FP	Preventive counseling, indiv. (Each one unit equals 15 minutes of instruction.)	\$25.44

Drug and Contraceptive Supply Maximum Allowable Fee Changes

MAA sets the maximum allowable fees for most drugs and contraceptive supplies using Medicare's Average Sales Price (ASP). If no Medicare ASP price is available, MAA sets a fee for the drug or contraceptive supply using a variety of methods available to approximate the drug or supply's actual acquisition cost, including: reference pricing from drug file manufacturers; information from manufacturers and wholesalers; and invoice prices when available. For drugs with a published fee, providers may bill MAA their usual and customary fee. Reimbursement will be MAA's published fee or the provider's billed charges, whichever is

less. For items priced on the fee schedule as “Acquisition Cost,” providers must bill MAA their actual acquisition cost.

MAA updates its injectable drug pricing each time Medicare releases an update of the ASP, up to once per quarter. These updates are posted to MAA’s website at <http://maa.dshs.wa.gov> (click on Provider Publications/Fee Schedules, then Fee Schedules). Only those drugs with price changes will be posted quarterly. All other drugs remain at MAA’s last published price.

TAKE CHARGE Fee Schedule

In addition to the procedure codes listed in the *Fee Schedule* section of MAA's *Family Planning Services and Family Planning Only Billing Instructions*, MAA reimburses for the following TAKE CHARGE codes:

HCPSC Code/Modifier	Brief Description	Time Limits	7/1/05 Maximum Allowable Fee
T1023-FP	Intake Assessment (Use for application assistance)	Once per year of eligibility	\$5.13
S9445-FP	PT education noc individ (Use for Women – ECRR)	Once every 10 months	\$57.41
S9445-FP	PT education noc individ (Use for Men – ECRR)	Once per calendar year	\$57.41

Reimbursement [Refer to WAC 388-532-780]

- MAA limits reimbursement under the TAKE CHARGE program to those services that are a result of client visits having a principal purpose diagnosis of family planning. The diagnosis must be made by a qualified, licensed, medical practitioner.
- Bill MAA your usual and customary fee for services. MAA's payment will be either your usual and customary fee or MAA's maximum allowable rate, whichever is less.
- For drugs and contraceptive supplies indicated in the fee schedule as “Acquisition Cost,” providers must bill their actual acquisition cost, not their usual and customary charges. For drugs and contraceptive supplies indicated in the fee schedule with a maximum allowable fee, providers may bill their usual and customary charges. MAA’s reimbursement is the maximum allowable fee or billed charges, whichever is less.
- Federally qualified health centers (FQHCs), rural health centers (RHCs), and Indian health providers who choose to become TAKE CHARGE providers must bill MAA for TAKE CHARGE services without regard to their special rates and fee schedules.
- MAA does **not** use the encounter rate structure to reimburse FQHCs, RHCs, or Indian health providers for TAKE CHARGE services.

Billing Instructions Replacement Pages

Attached are updated replacement pages E.1–E.9 for MAA’s current *Family Planning Services, Family Planning Only and TAKE CHARGE Program Billing Instructions*.

Bill MAA your usual and customary charge for services. Bill as directed for drugs and products.

Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits when applicable) or the entire claim will be denied.

MAA’s Provider Issuances

To view and download MAA’s numbered memoranda and billing instructions electronically, visit MAA’s website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
 - a) Click *General Store*.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either *I’m New* or *Been Here*.
 - ii. If new, fill out the registration and click *Register*.
 - iii. If returning, type your email and password and then click *Login*.
 - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
 - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and the select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Fee Schedule

Office Visits

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee			
		Clients 21 and older		Clients 20 and under	
		NFS	FS	NFS	FS
99201	Office/outpatient visit, new	\$24.08	\$15.64	\$33.52	\$21.77
99202	Office/outpatient visit, new	42.94	30.78	59.79	42.85
99203	Office/outpatient visit, new	63.79	47.41	88.82	66.01
99204	Office/outpatient visit, new	90.10	70.24	125.45	97.80
99205	Office/outpatient visit, new	113.92	93.32	158.63	129.95
99211	Office/outpatient visit, est	14.40	5.96	20.04	8.29
99212	Office/outpatient visit, est	25.56	15.88	35.60	22.12
99213	Office/outpatient visit, est	34.75	23.33	48.38	32.49
99214	Office/outpatient visit, est	54.36	38.72	75.69	53.91
99215	Office/outpatient visit, est	78.93	62.05	109.90	86.40

Prescription Birth Control Methods

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS	FS
Oral Contraceptives			
S4993	Contraceptive pills for birth control. [1 unit = each 30-day supply] (Seasonale should be billed as 3 units.)	\$17.00	NA
Cervical Cap/Diaphragm			
A4261	Cervical cap for contraceptive use	47.00	NA
A4266	Diaphragm	33.92	NA
57170	Fitting of diaphragm/cap	57.00	30.43

NFS = Non-facility setting (e.g., provider's office); FS = Facility setting (e.g., hospital)

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Prescription Birth Control Methods - Continued

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS	FS
Implant			
11976	Removal of contraceptive capsule	\$119.95	\$119.95
Injectables			
J1055	Medroxyprogesterone acetate inj (Depo-Provera). <i>Allowed once every 67 days.</i>	53.66	NA
90782	Injection, subcutaneous/intramuscular <i>May be billed when the contraceptive injection is the only service performed.</i>	11.36	NA
Intrauterine Devices (IUD)			
J7300	Intrauterine copper device (Paragard)	374.53	NA
J7302	Levonorgestrel-releasing IUD (Mirena)	405.81	NA
58300	Insertion of IUD	58.14	34.06
58301	Removal of IUD	62.23	42.69
Miscellaneous Contraceptives			
J7303	NuvaRing contraceptive ring, each	34.25	NA
J7304	Ortho-Evra contraceptive patch, each	4.00	NA

Non-Prescription Over-the-Counter (OTC) Birth Control Methods

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee
A4267	Male Condom, each	Acquisition Cost
A4268	Female Condom, each	Acquisition Cost
A4269	Spermicide (e.g. foam, gel), each	Acquisition Cost
Note: MAA reimburses for FDA-approved family planning products and supplies only. <i>OTC products listed may not be available for billing MAA due to federal approval status.</i>		

Unlisted Contraceptive Drugs and Supplies

When billing for a contraceptive drug or contraceptive supply that does not have a dedicated HCPCS code, providers must bill MAA for the contraceptive using MAA's Expedited Prior Authorization (EPA) process.

The EPA process allows MAA to use a nine-digit prior authorization number to identify, track, and appropriately pay for an unlisted contraceptive. The nine-digit EPA number must be listed

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in the “Prior Authorization Number” field of the claim form (for example, Box 23 of a HCFA-1500 claim form).

The first five digits of all MAA EPA numbers are **87000**. The last four digits of the EPA number identify the exact contraceptive supplied.

Note: MAA no longer requires Family Planning Clinics to list the NDC number and amount of drug given to the client in Box 19 of the HCFA-1500 claim form, or the *Comments* section of the electronic HCFA-1500, when billing for an unlisted contraceptive identified by an EPA number.

Family Planning Clinics may no longer bill MAA for an unlisted contraceptive drug or supply using J3490 or J3490-FP *without an EPA number*. If MAA has not yet established an EPA number for a particular contraceptive drug or supply, contact the Family Planning or TAKE CHARGE Program Managers to have an EPA number established for the new product.

MAA has established coding and EPA number requirements for the contraceptive drugs and supplies listed in the following tables.

Emergency Contraceptive Pills

Providers must bill MAA for emergency contraceptive pills as detailed below:

HCPCS Code	EPA Number	Brief Description	7/1/05 Maximum Allowable Fee
J3490	870001252	Unlisted drug; use for: <ul style="list-style-type: none">• Plan B only; and• Each 1 unit equals one treatment.	\$10.15

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Non-Drug Contraceptive Supplies

Providers must bill MAA for unlisted non-drug contraceptive supplies as detailed below:

HCPCS Code/ Modifier	EPA Number	Brief Description	7/1/05 Maximum Allowable Fee
T5999-FP	870001253	Unlisted supply; use for: <ul style="list-style-type: none"> • Cycle Beads only; and • Each 1 unit equals one set of Cycle Beads. 	\$3.75
99071-FP	None	Unlisted supply; use for: <ul style="list-style-type: none"> • Natural Family Planning Booklet only; and • Each 1 unit equals booklet. 	2.00
A4931-FP	870001254	Reusable, oral thermometer; use for: <ul style="list-style-type: none"> • Basal Thermometer only; and • Each 1 unit equals one thermometer. 	7.91

Note: Do **not** use these EPA numbers when billing for any contraceptive or drug other than those listed in these tables.

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS	FS
99401 Must include dx V65.44	Preventive Counseling, indiv; approx 15 min (use for risk reduction intervention for HIV/AIDS clients)	\$25.44	NA

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Sterilization Procedures

*A properly completed Sterilization Consent Form **must** be attached to any claim submitted with any of the following procedure codes:*

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS	FS
55250	Removal of sperm duct(s)	\$344.74	\$130.81
55450	Ligation of sperm duct	260.48	141.94
58565	Hysteroscopy, sterilization	Not covered	Not covered
58600	Division of fallopian tube	216.43	216.43
58615*	Occlude fallopian tube(s)	159.65	159.65
58670	Laparoscopy, tubal cautery	215.29	215.29
58671*	Laparoscopy, tubal block	215.29	215.29

* MAA reimburses for external occlusive devices **only** such as band, clip, or Fallop ring. MAA does not reimburse for occlusive devices introduced into the lumen of the fallopian tubes.

Note: Sterilization procedures and any pre-op visits must be billed with ICD-9-CM diagnosis code V25.2.

Miscellaneous Surgical Procedures

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS	FS
17110	Destruct lesion, 1-14 *	\$53.14	\$31.79
54050	Destruction, penis lesion(s) *	68.13	53.60
54056	Cryosurgery, penis lesion(s) *	68.36	55.41
54060	Excision of penis lesion(s) *	118.09	71.08
56501	Destroy vulva lesions, simple *	79.03	66.54
57061	Destroy vaginal lesions, simple *	69.27	57.23

Note: These services are covered for clients of the Family Planning Only and Take Charge programs *ONLY* when medically necessary for initialization or continuation of the client's chosen birth control method.

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Radiology Services

Procedure Code/ Modifier	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS	FS
76075	Dexa, axial skeleton study	\$9.31	\$9.31
76076	Dexa, peripheral study	7.04	7.04
76830	Transvaginal us, non-ob	58.59	58.59
76830-26	Transvaginal us, non-ob	21.57	21.57
76830-TC	Transvaginal us, non-ob	37.02	37.02
76856	Us exam, pelvic, complete	58.59	58.59
76856-26	Professional Component	21.57	21.57
76856-TC	Technical Component	37.02	37.02
76857	Us exam, pelvic, limited	52.46	52.46
76857-26	Professional Component	11.81	11.81
76857-TC	Technical Component	40.65	40.65
76977	Us bone density measure	21.57	21.57

Laboratory Services

Procedure Code/ Modifier	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS	FS
G0101	CA screen; pelvic/breast exam	\$22.71	\$14.53
Q0111	Wet mounts/ w preparations	4.89	4.89
Q0112	Potassium hydroxide preps	4.89	4.89
36415	Routine venipuncture	2.46	2.46
36416	Capillary blood draw	2.46	2.46
80061	Lipid panel	15.35	15.35
80076	Hepatic function panel	7.32	7.32
81000	Urinalysis, nonauto w/scope	3.63	3.63
81001	Urinalysis, auto w/scope	3.63	3.63
81002	Urinalysis nonauto w/o scope	2.93	2.93
81003	Urinalysis, auto, w/o scope	2.57	2.57
81005	Urinalysis	2.48	2.48
81007	Urine screen for bacteria	2.94	2.94
81015	Microscopic exam of urine	3.48	3.48
81025	Urine pregnancy test	4.30	4.30
82465	Assay, bld/serum cholesterol	4.99	4.99
82947	Assay, glucose, blood quant	4.49	4.49
82948	Reagent strip/blood glucose	3.63	3.63
84146	Assay of prolactin	22.21	22.21

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Procedure Code/ Modifier	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS	FS
84443	Assay thyroid stim hormone	19.18	19.18
84702	Chorionic gonadotropin test	17.24	17.24
85004	Automated diff wbc count	7.41	7.41
85007	BI smear w/diff wbc count	3.94	3.94
85013	Spun microhematocrit	2.71	2.71
85014	Hematocrit	2.71	2.71
85018	Hemoglobin	2.71	2.71
85025	Complete cbc w/auto diff wbc	8.91	8.91
85027	Complete cbc, automated	7.41	7.41
86255	Fluorescent antibody, screen	13.81	13.81
86255-26	Professional Component	12.04	12.04
86592	Blood serology, qualitative	4.89	4.89
86593	Blood serology, quantitative	5.05	5.05
86631	Chlamydia antibody	13.55	13.55
86632	Chlamydia igm antibody	14.55	14.55
86689	HTLV/HIV confirmatory test	22.18	22.18
86692	Hepatitis, delta agent	19.66	19.66
86701	HIV-1	10.18	10.18
86703	HIV-1/HIV-2, single assay	15.72	15.72
86706	Hep b surface antibody	12.31	12.31
86781	Treponema pallidum, confirm	15.17	15.17
87070	Culture, bacteria, other	9.86	9.86
87076	Culture anaerobe ident, each	9.26	9.26
87081	Culture screen only	7.59	7.59
87084	Culture of specimen by kit	9.86	9.86
87086	Urine culture/colony count	9.25	9.25
87088	Urine bacteria culture	7.36	7.36
87110	Chlamydia culture	22.44	22.44
87140	Culture type immunofluoresc	6.39	6.39
87147	Culture type, immunologic	5.93	5.93
87164	Dark field examination	12.31	12.31
87164-26	Professional Component	11.36	11.36
87184	Microbe susceptible, disk	7.90	7.90
87186	Microbe susceptible, mic	9.91	9.91
87205	Smear, gram stain	4.89	4.89
87206	Smear, fluorescent/acid stai	6.15	6.15
87207	Smear, special stain	6.86	6.86
87207-26	Professional Component	12.26	12.26
87210	Smear, wet mount, saline/ink	4.89	4.89
87250	Virus inoculate, eggs/animal	21.95	21.95

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Procedure Code/ Modifier	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS	FS
87252	Virus inoculation, tissue	29.86	29.86
87253	Virus inoculate tissue, addl	23.14	23.14
87274	Herpes simplex 1, ag, if	13.74	13.74
87285	Treponema pallidum, ag, if	13.74	13.74
87340	Hepatitis b surface ag, eia	11.83	11.83
87490	Chylmd trach, dna, dir probe	22.98	22.98
87491	Chylmd trach, dna, amp probe	40.21	40.21
87534	Hiv-1, dna, dir probe	22.98	22.98
87535	Hiv-1, dna, amp probe	40.21	40.21
87536	Hiv-1, dna, quant	97.49	97.49
87537	Hiv-2, dna, dir probe	22.98	22.98
87538	Hiv-2, dna, amp probe	40.21	40.21
87539	Hiv-2, dna, quant	49.08	49.08
87590	N.gonorrhoeae, dna, dir prob	22.98	22.98
87591	N.gonorrhoeae, dna, amp prob	40.21	40.21
87621	Hpv, dna, amp probe	40.21	40.21
87810	Chylmd trach assay w/optic	13.74	13.74
88141	Cytopath, c/v, interpret	13.40	13.40
88142	Cytopath, c/v, thin layer	28.31	28.31
88143	Cytopath, c/v, thin layer redo	28.31	28.31
88147	Cytopath, c/v, automated	15.90	15.90
88148	Cytopath, c/v, auto rescreen	21.23	21.23
88150	Cytopath, c/v, manual	14.76	14.76
88152	Cytopath, c/v, auto redo	14.76	14.76
88153	Cytopath, c/v, redo	14.76	14.76
88154	Cytopath, c/v, select	14.76	14.76
88161	Cytopath smear, other source	33.84	33.84
88161-26	Professional Component	16.58	16.58
88161-TC	Technical Component	17.26	17.26
88164	Cytopath tbs, c/v, manual	14.76	14.76
88165	Cytopath tbs, c/v, redo	14.76	14.76
88166	Cytopath tbs, c/v, auto redo	14.76	14.76
88167	Cytopath tbs, c/v, select	14.76	14.76
88174	Cytopath, c/v auto, in fluid	29.85	29.85
88175	Cytopath, c/v auto fluid redo	37.01	37.01
88302	Tissue exam by pathologist	27.25	27.25
88302-26	Professional Component	4.54	4.54
88302-TC	Technical Component	22.71	22.71

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Injectable Drugs and Injection Fee

(These drugs are given in the family planning clinic. These are not take-home drugs or drugs obtained by prescription through a pharmacy.)

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS	FS
90788	Injection of antibiotic	\$9.99	\$9.99
J0456	Azithromycin	24.44	24.44
J0580	Penicillin g benzathine inj	73.14	73.14
J0690	Cefazolin sodium injection	1.39	1.39
J0694	Cefoxitin sodium injection	8.71	8.71
J0696	Ceftriaxone sodium injection	6.80	6.80
J0697	Sterile cefuroxime injection	4.90	4.90
J0698	Cefotaxime sodium injection	4.35	4.35
J0710	Cephapirin sodium injection	1.41	1.41
J1200	Diphenhydramine hcl injection	.88	.88
J1890	Cephalothin sodium injection	8.64	8.64
J2460	Oxytetracycline injection	.93	.93
J2510	Penicillin g procaine inj	8.43	8.43
J2540	Penicillin g potassium inj	1.35	1.35
J3320	Spectinomycin di-hcl inj	25.30	25.30
Q0144	Azithromycin dihydrate, oral	Acquisition Cost	Acquisition Cost

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